U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Whiteriver Service Unit Office of Human Resources, PO Box 860, 200 West Hospital Drive, Whiteriver, AZ 85941

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In order than the above, the Indian Health Service is an Equal Opportunity Employer.

AMENDMENT #3: REANNOUNCE TO SOLICIT ADDITIONAL APPLICATION; IF YOU PREVIOUSLY APPLIED YOU DO NOT NEED TO RESMIT ANOTHER APPLICATION UNLESS YOU ARE UPDATING YOUR INFORMATION.

ANNOUCEMENT NUMBER: OPENING DATE: CLOSING DATE: SWR-08-0294-3 SEPTEMBER 17, 2008 SEPTEMBER 30, 2008

POSITION TITLE/SERIES/GRADE: Supervisory Pharmacist, GS-0660-12

STARTING SALARY: GS-12 - \$73,101.00 - \$90,417.00 per annum

PROMOTION POTENTIAL: NO

SUPERVISORY/MANAGERIAL: YES

RELOCATION EXPENSES: Will be paid in accordance with Federal Travel Regulations.

APPOINTMENT/WORK SCHEDULE: Permanent, Full-Time

NUMBER OF VACANCIES: ONE VACANCY

AREA OF CONSIDERATION: Government Wide

DUTY LOCATIONS: Pharmacy Department, Whiteriver Service Unit.

JOB DESCRIPTION: The position serves as the **Supervisory Pharmacist** for the Whiteriver Service Unit and is responsible for the overall coordination of a complex clinically oriented pharmacy program. The supervisory pharmacist is responsible for pharmacy programs at the Whiteriver Hospital and the Cibecue Health Center. They are responsible for formulating policy and implementing the overall pharmacy programs. As the supervisor, they are responsible for coordinating the use of all resources assigned to the pharmacy department, including human and financial resources. In addition to administrative supervisory duties that comprise the majority of the individual's time, the supervisory pharmacist is also required to provide direct patient care and is expected to maintain clinical competency in the same areas. (BLS, ACLS, PALS, etc.) as required of all pharmacy staff. Performs other duties as assigned.

WHO MAY APPLY: All Sources. Federal employment status is not required. U.S. citizenship is required.

- Excepted Service Examining Plan Candidates (ESEP) Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).
- Merit Promotion Plan Candidates (MPP) Current permanent competitive Federal status employees, reinstatement eligible, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- PHS Commissioned Corps Officers Current active or inactive Commissioned Officers may apply.
- Veteran's Preference Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.

Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

CONDITIONS OF EMPLOYMENT:

- 1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
- 2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
- 3. Selectee(s) are required to complete a "Declaration of Federal Employment Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
- 4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
- 5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
- 6. This position is subject to rotating shifts: Days, weekends, nights, and Holiday.
- 7. The incumbent may be required to travel and must possess a valid driver's license.

QUALIFICATION REQUIREMENTS:

Qualification Requirements: Basic Requirements: *Education requirement*: Four-year bachelor's degree in pharmacy recognized by the American Council on Pharmaceutical Education.

Licensure requirement: Except for research positions that do not entail patient care, all applicants must be licensed to practice pharmacy in a State, territory of the United States, or the District of Columbia

IN ADDITION to meeting the basic licensure and educational requirements, candidates must have:

1. One year of professional pharmacy experience equivalent to at least GS-11; or, for research positions, completion of all the requirements for a Ph. D. or equivalent degree in a related scientific field.

Medical Requirements: Applicants must be able to distinguish basic colors.

Supervisory or Management Abilities: Candidates must have demonstrated in their work experience or training that they possess, or have the potential to develop, the qualities of successful supervision, as listed below:

- 1. Assigned to and review work of subordinates, train and work effectively with subordinates from a variety of backgrounds and with different levels/areas of training.
- 2. Accomplish the quality and quantity of work expected within set limits of cost and time.
- 3. Plan own work and carry out assignments effectively.
- 4. Communicate with others effectively both orally and in writing, in working out solutions to problems or questions related to the work.
- 5. Understanding and further management goals as these affect day-to-day work operations.
- 6. Develop improvements in design new work methods and procedures.

In addition to the ability required above, candidates must also possess, or have the potential to develop, the ability to:

- 1. Deal effectively with individuals or groups representing widely divergent backgrounds, interests, and points of view;
- 2. Plan and adjust work operations to meet emergency or changing program or production requirement within available resources and with minimum of quantity of work;
- 3. Establish program objective or performance goals and to assess program toward their achievement;
- 4. Coordinate and integrate the work activities and resources of several organizational segments or several different projects;
- 5. Analyze organizational and operational problems and develop timely and economical solutions;
- 6. Represent the activity both within and outside the organization or agency and to gain support for the agency's program goals.

Personal Attributes: Candidates for all supervisory/managerial position must demonstrate all of the following personnel qualities:

- a. Objectivity and fairness in judging people on their ability, and situations on the fact and circumstances;
- b. Capacity to adjust to change, work pressure, or difficult situations without undue stress;
- c. Willingness to "see the job through";
- d. Understanding of the ability to work with American Indians and Alaska Natives.

Selective Placement Factor: In order to be considered minimally qualified for this position, you must describe your work experience relating to the following selective placement factor and provide copies of the requested information. *FAILURE to submit this document, along with any required supporting documentation will result in loss consideration for this position.* Must demonstrate knowledge in the management, skill in training, and the ability to practice in pharmacy based primary care prescriptive programs. In

addition to the basic Hospital Pharmacy based program, the Whiteriver Indian Hospital has several additional prescriptive programs, e.g., anticoagulation, chronic anemia, diabetes, etc. This hospital also rotates various Pharmacy interns and is a training site. The supervisor is required to possess various competencies in order the successfully manage this department. In addition, the incumbent is required to have substantial subject-matter knowledge and skill in managing the various areas that relate to the various pharmacy based prescriptive programs. Please describe your experience relating to the following question and, in addition, it is required that you submit evidence that supports your specialized experience relating to the various areas:

- 1. Please describe your knowledge and skill in managing pharmacy based prescriptive program that may include any of the following specialized areas: Anticoagulation clinic; Asthma clinic; Hyperlipidemia clinic; Diabetes clinic; Smoking Cessation clinic; Antiepileptic (seizure) clinic; Other.
- 2. You must provide a copy of the following: a) A copy of your medical staff/clinical director approved document that reflects that you are allowed to prescribe and adjust medication as it relates to the above prescriptive programs and pharmacist managed clinics, **and**; **b**) A copy of your National Pharmacy Credentialing Committee's certification or certification from a training program for a pharmacist managed clinic, **or**; **c**) Copy of competency or credentialing document from a facility where they practiced in a pharmacist managed clinic.

**Transcripts must be provided if you substitute education for experience.

NOTE Refer to OPM Operating Manual Qualification Standards Handbook or Indian Health Services Excepted Service Qualification Standard, Series <u>GS-0660</u> for complete information. Substitution of education for experience will be made in accordance with those standards. For more information, contact the servicing Human Resources office.

TIME IN GRADE: Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

LEGAL AND REGULATORY REQUIRMENTS: Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

METHODS OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's).

If found qualified, your score will range from 70-100 points (not including points that may be assigned for Veteran's Preference) and will be based on your responses to the questions and information stated in your application. Please follow all instructions carefully as errors and omissions may affect your score. Your score is critical for you being referred for the job. You will be deemed well qualified if you score 85 and above.

SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA): On a separate sheet of paper, discuss how you performed (or have potential to develop) the particular knowledge, skill, or abilities listed below. (Failure to submit written responses as part of your application may result in an ineligible rating.)

KSA's for Supervisory Pharmacist, GS-0660-12:

- 1. Describe your knowledge, skills, and abilities related to participating and managing multiple clinical pharmacy programs, including any special certifications you possess related to clinical skills.
- 2. Describe your management/leadership style, giving examples of how you prefer to deal with subordinates.
- 3. Explain your knowledge of the JCAHO Accreditation and ASHP Residency Accreditation processes, including any experience you have with these survey processes.

HOW TO APPLY/REOUIRED FORMS:

- 1. Applicants may use on the following to apply: (1) OF-612 Optional Application for Federal Employment, <u>or</u> (2) Resume (see requirements in **Attachment A**).
- 2. If claiming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
- 3. If claiming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
- 4. Copy of latest Personnel Action (SF-50), if a current or formal employee, and/or if requesting Reinstatement Eligibility.
- 5. Copies of college transcripts. Education will not be given credit without them. To claim credit or if you are substituting education for experience, you are required to provided evidence of the education by providing a copy of your official transcripts. No credit will be given without your transcript.
- 6. Copy of current unrestricted Pharmacy License.
- 7. Completed PL 101-630 Questionnaire (Child Care Form form attached)
- 8. Completed Selective Service Registration Form (**form attached**)
- 9. Written Responses to the Knowledge, Skills, and Abilities (KSA). **OPTIONAL** ~ failure to submit may result in an ineligible rating or substantially lower score.
- 10. Selective Placement Factor (form attached)

Commissioned Corps Officer: (1) Curriculum Vitae, (2) Pharmacy License, (3) complete PL 101-630 Questionnaire, (4) latest COER, and (5) current Billet Description, and (6) BIA FORM 4432 if claiming Indian Preference.

Application and required forms must be identified by this announcement number and submitted to the address below:

Office of Human Resources ATTN: Berlinda Sue Hopper, (SWR-08-0294-2) Whiteriver Service Unit 200 West Hospital Drive

P.O. Box 860 Phone: (928) 338-3558 Whiteriver, AZ 85941 Fax: (928) 338-3534

Faxed applications will be accepted up to 11:59 PM, MST, of the closing date of this announcement. Mailed or hand carried applications must be received by 5:00 PM, MST on the closing date of this announcement. It is your responsibility to ensure that your application packet is complete.

Facsimile is acceptable – this office is not responsible for incomplete transmission. All submitted materials are subject to retention by this office. You should duplicate and retain copies, since requests for copies will <u>not</u> be honored. Additional information regarding Federal job opening can be obtained at <u>www.opm.gov</u>, or at USAJOBS <u>www.usajobs.opm.gov</u> or check the IHS Website at <u>www.ihs.gov</u>. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions.

Human Resource Specialist: _	(Call 928-338-3559 to contact a Human Resources Specialist.)_	Date:	09/16/2008	
	IHS-OPERATED PROPRETIES ARE "TOBACCO FREE"	,,		

ATTACHMENT A

<u>Resume Requirements</u> - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
 - Job Title (if Federal employment, indicate series and grade)
 - Duties and Accomplishments
 - Employer's name and Address
 - Employer's name and phone number
 - Starting and ending dates of employment (month/year)
 - Hours of work per week
 - Salary
 - Indicate if you do <u>not</u> want us to contact your current supervisor (If not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

Indicate if you do not want your current supervisor contacted for reference purposes.

ATTACHMENT B

- 1. You may be eligible for special selection priority consideration under the Career Transition Assistant Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indication your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you MUST also meet the criteria shown in paragraph 3 below.
- 2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you MUST also meet the criteria shown in paragraph 3 below.
- 3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you <u>MUST</u> also meet <u>ALL</u> of the following:
 - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy <u>MUST</u> be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
 - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential that the position from which you will be, or have been separated.
 - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
 - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application MUST include ALL documents that support your claim of eligibility for priority consideration RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting are; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or declining a transfer of function or directed reassignment to another area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) Or 8456.
 - (e) Be rated "well qualified" for this position. A numerical rating of 85 is considered to be well qualified for this position.

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Date signed {please use ink}

C	heck (one:
{	}	I certify I am registered with the Selective Service System.
{	}	I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
{	}	I certify I have not registered with the Selective Service System.
{	}	I certify I have not reached my 18 th birthday and understand I am required by law to register at that time.
N	ON-I	REGISTRANTS UNDER AGE 26
		are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular f you are outside the United States.
N	ON-I	REGISTRANTS AGE 26 OR OVER
re th de	gister e Off ecision PM d	were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to ice of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM in through the agency that was considering you for employment by returning this statement with your written request for an etermination together with an explanation and documentation you wish to furnish to prove that your failure to register was knowing nor willful.
P	RIVA	ACY ACT STATEMENT
to T	prov	e information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure ide the information requested by this statement will prevent any further consideration of your application for appointment. formation is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law ment or other authorized use in implementing this law.
F	ALSI	E STATEMENT NOTIFICATION
		statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by imprisonment (Section 1001 of title 18, United States Code).
L	egal s	ignature of individual {please use ink}

Addendum to Declaration for Federal Employment (OF 306) Indian Health Service Child Care & Indian Child Care Worker Positions

Item 15a. Agency Specific Questio	ns	
Name:	Social Sec	urity Number:
(Please print)		•
Job Title in Announcement: Superv	visory Pharmacist	Announcement Number: SWR-08-0294-3

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

1)	Have you ever been arrested for or charged with a crime involving a child? YESNO
	[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of
	occurrence, and the name and address of the police department or court involved.]

2)	Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any fel-	onious or
	misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, mol	estation,
	exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?	<i>YES</i>
	NO.	

[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant=s Signature	(sign in ink)	Date

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. *Please do not send completed data collection instruments to this address*.

FORM APPROVED: O.M.B. NO. 0917-0028

Expires 02/28/2009

SELECTIVE PLACEMENT FACTOR QUESTIONNAIRE Supervisory Pharmacist, GS-660-12

In order to be considered minimally qualified for this position, you must describe your work experience relating to the following selective placement factor and provide copies of the requested information. FAILURE to submit this document, along with any required supporting documentation will result in loss consideration for this position.

Must demonstrate knowledge in the management, skill in training, and the ability to practice in pharmacy based primary care prescriptive programs.

In addition to the basic Hospital Pharmacy based program, the Whiteriver Indian Hospital has several additional prescriptive programs, e.g., anticoagulation, chronic anemia, diabetes, etc. This hospital also rotates various Pharmacy interns and is a training site. The supervisor is required to possess various competencies in order the successfully manage this department. In addition, the incumbent is required to have substantial subject-matter knowledge and skill in managing the various areas that relate to the various pharmacy based prescriptive programs.

Please describe your experience relating to the following question and, in addition, it is required that you submit evidence that supports your specialized experience relating to the various areas:

- 1. Please describe your knowledge and skill in managing pharmacy based prescriptive program that may include any of the following specialized areas:
 - Anticoagulation clinic:
 - Asthma clinic:
 - Hyperlipidemia clinic:
 - Diabetes clinic:
 - Smoking Cessation clinic:
 - Antiepileptic (seizure) clinic
 - Other:
 - 2. You must provide a copy of the following:
 - A copy of your medical staff/clinical director approved document that reflects that you are allowed to prescribe and adjust medication as it relates to the above prescriptive programs and pharmacist managed clinics, **and**;
 - A copy of your National Pharmacy Credentialing Committee's certification or certification from a training program for a pharmacist managed clinic, **or**;
 - Copy of competency or credentialing document from a facility where they practiced in a pharmacist managed clinic

clinic.	
The information you provide is considered to be μ	part of your application and as such, is certified by your signature.
Signature	Date